

## CHAPTER 441A - INFECTIOUS DISEASES; TOXIC AGENTS

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## GENERAL PROVISIONS

**NRS 441A.010 Definitions.** As used in this chapter, unless the context otherwise requires, the words and terms defined in [NRS 441A.020](#) to [441A.115](#), inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by [1989, 294](#); A [2003, 2206](#); [2009, 557](#))

**NRS 441A.020 “Board” defined.** “Board” means the State Board of Health.

(Added to NRS by [1989, 294](#))

**NRS 441A.030 “Child care facility” defined.**

1. “Child care facility” means:

(a) An establishment operated and maintained for the purpose of furnishing care on a temporary or permanent basis, during the day or overnight, to five or more children under 18 years of age, if compensation is received for the care of any of those children;

(b) An on-site child care facility as defined in [NRS 432A.0275](#);

(c) A child care institution as defined in [NRS 432A.0245](#); or

(d) An outdoor youth program as defined in [NRS 432A.028](#).

2. “Child care facility” does not include:

(a) The home of a natural parent or guardian, foster home as defined in [NRS 424.014](#) or maternity home;

(b) A home in which the only children received, cared for and maintained are related within the third degree of consanguinity or affinity by blood, adoption or marriage to the person operating the facility; or

(c) A home in which a person provides care for the children of a friend or neighbor for not more than 4 weeks if the person who provides the care does not regularly engage in that activity.

(Added to NRS by [1989, 294](#); A [1991, 2310](#); [2011, 1998](#))

**NRS 441A.040 “Communicable disease” defined.** “Communicable disease” means a disease which is caused by a specific infectious agent or its toxic products, and which can be transmitted, either directly or indirectly, from a reservoir of infectious agents to a susceptible host organism.

(Added to NRS by [1989, 294](#))

**NRS 441A.050 “Health authority” defined.** “Health authority” means the district health officer in a district, or the district health officer’s designee, or, if none, the Chief Medical Officer, or the Chief Medical Officer’s designee.

(Added to NRS by [1989, 294](#))

**NRS 441A.063 “Infectious disease” defined.** “Infectious disease” means a disease which is caused by pathogenic microorganisms, including, without limitation, bacteria, viruses, parasites or fungi, which spread, either directly or indirectly, from one person to another. The term includes a communicable disease.

(Added to NRS by [2009, 554](#))

**NRS 441A.065 “Isolation” defined.** “Isolation” means the physical separation and confinement of a person or a group of persons infected or reasonably believed by a health authority to be infected with a communicable disease from persons who are not infected with and have not been exposed to the communicable disease, to limit the transmission of the communicable disease to persons who are not infected with and have not been exposed to the communicable disease.

(Added to NRS by [2003, 2196](#))

**NRS 441A.070 “Laboratory director” defined.** “Laboratory director” has the meaning ascribed to it in [NRS 652.050](#).

(Added to NRS by [1989, 294](#))

**NRS 441A.080 “Medical facility” defined.** “Medical facility” has the meaning ascribed to it in [NRS 449.0151](#).

(Added to NRS by [1989, 294](#))

**NRS 441A.090 “Medical laboratory” defined.** “Medical laboratory” has the meaning ascribed to it in [NRS 652.060](#).

(Added to NRS by [1989, 294](#))

**NRS 441A.100 “Physician” defined.** “Physician” is limited to a person licensed to practice medicine pursuant to [chapter 630](#) or [633](#) of NRS.

(Added to NRS by [1989, 294](#))

**NRS 441A.110 “Provider of health care” defined.** “Provider of health care” means a physician, nurse or veterinarian licensed in accordance with state law or a physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS.

(Added to NRS by [1989, 294](#); A [2001, 781](#); [2007, 1856](#))

**NRS 441A.115 “Quarantine” defined.** “Quarantine” means the physical separation and confinement of a person or a group of persons exposed to or reasonably believed by a health authority to have been exposed to a communicable disease who do not yet show any signs or symptoms of being infected with the communicable disease from persons who are not infected with and have not been exposed to the communicable disease, to limit the transmission of the communicable disease to persons who are not infected with and have not been exposed to the communicable disease.

(Added to NRS by [2003, 2196](#))

**NRS 441A.120 Regulations of State Board of Health governing control of infectious diseases and reporting cases or suspected cases of drug overdose; performance of duties set forth in regulations.**

1. The Board shall adopt regulations governing the control of communicable diseases in this State, including regulations specifically relating to the control of such diseases in educational, medical and correctional institutions. The regulations must specify:

(a) The diseases which are known to be communicable.

(b) The communicable diseases which are known to be sexually transmitted.

(c) The procedures for investigating and reporting cases or suspected cases of communicable diseases, including the time within which these actions must be taken.



(c) The procedures for investigating and reporting cases of suspected cases of communicable diseases, including the time within which these actions must be taken.

(d) For each communicable disease, the procedures for testing, treating, isolating and quarantining a person or group of persons who have been exposed to or have or are suspected of having the disease.

(e) A method for ensuring that any testing, treatment, isolation or quarantine of a person or a group of persons pursuant to this chapter is carried out in the least restrictive manner or environment that is appropriate and acceptable under current medical and public health practices.

2. The Board shall adopt regulations governing the procedures for reporting cases or suspected cases of drug overdose to the Chief Medical Officer or his or her designee, including the time within which such reports must be made and the information that such reports must include.

3. The duties set forth in the regulations adopted by the Board pursuant to subsection 1 must be performed by:

(a) In a district in which there is a district health officer, the district health officer or the district health officer's designee; or

(b) In any other area of the State, the Chief Medical Officer or the Chief Medical Officer's designee.

(Added to NRS by [1989, 294](#); A [2003, 2206](#); [2011, 2506](#); [2017, 4401](#))

**NRS 441A.125 Use of syndromic reporting and active surveillance to monitor public health; regulations.**

1. The Board shall develop a system which provides for syndromic reporting and active surveillance to monitor public health in this state during major events or when determined appropriate and necessary by a health authority.

2. The Board shall adopt regulations concerning the system it develops pursuant to this section, including, without limitation:

(a) The manner in which and situations during which the system actively gathers information;

(b) The persons who are required to report information to the system; and

(c) The procedures for reporting required information to the system.

(Added to NRS by [2003, 2205](#))

**NRS 441A.130 Chief Medical Officer to inform local health officers of regulations and procedures.** The Chief Medical Officer shall inform each local health officer of the regulations adopted by the Board and the procedures established for investigating and reporting cases or suspected cases of infectious diseases and cases or suspected cases of exposure to biological, radiological or chemical agents pursuant to this chapter.

(Added to NRS by [1989, 295](#); A [2009, 557](#))

**NRS 441A.140 Authority of Division of Public and Behavioral Health to receive and use financial aid.** The Division of Public and Behavioral Health of the Department of Health and Human Services may receive any financial aid made available by any grant or other source and shall use the aid, in cooperation with the health authority, to carry out the provisions of this chapter.

(Added to NRS by [1989, 299](#); A [2013, 3047](#))

**REPORTING OF OCCURRENCES; INVESTIGATIONS; ACTIONS TO PROTECT PUBLIC HEALTH AND SAFETY**

**NRS 441A.150 Reporting occurrences of communicable diseases to health authority; reporting drug overdoses to Chief Medical Officer. [Effective through December 31, 2019.]**

1. A provider of health care who knows of, or provides services to, a person who has or is suspected of having a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board. If no provider of health care is providing services, each person having knowledge that another person has a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board.

2. A provider of health care who knows of, or provides services to, a person who has suffered or is suspected of having suffered a drug overdose shall report that fact to the Chief Medical Officer or his or her designee in the manner prescribed by the regulations of the Board.

3. A medical facility in which more than one provider of health care may know of, or provide services to, a person who has or is suspected of having a communicable disease or who has suffered or is suspected of having suffered a drug overdose shall establish administrative procedures to ensure that the health authority or Chief Medical Officer or his or her designee, as applicable, is notified.

4. A laboratory director shall, in the manner prescribed by the Board, notify the health authority of the identification by his or her medical laboratory of the presence of any communicable disease in the jurisdiction of that health authority. The health authority shall not presume a diagnosis of a communicable disease on the basis of the notification received from the laboratory director.

5. If more than one medical laboratory is involved in testing a specimen, the laboratory that is responsible for reporting the results of the testing directly to the provider of health care for the patient shall also be responsible for reporting to the health authority.

(Added to NRS by [1989, 295](#); A [2017, 4401](#))

**NRS 441A.150 Reporting occurrences of communicable diseases to health authority; reporting drug overdoses to Chief Medical Officer. [Effective January 1, 2020.]**

1. A provider of health care who knows of, or provides services to, a person who has or is suspected of having a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board. If no provider of health care is providing services, each person having knowledge that another person has a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board.

2. A provider of health care who knows of, or provides services to, a person who has suffered or is suspected of having suffered a drug overdose shall report that fact and the information required by the Board pursuant to [NRS 441A.120](#) to the Chief Medical Officer or his or her designee in the manner prescribed by the regulations of the Board. The Chief Medical Officer or his or her designee shall upload that information to the database of the program established pursuant to [NRS 453.162](#) if the program allows for the upload of such information.

3. A medical facility in which more than one provider of health care may know of, or provide services to, a person who has or is suspected of having a communicable disease or who has suffered or is suspected of having suffered a drug overdose shall establish administrative procedures to ensure that the health authority or Chief Medical Officer or his or her designee, as applicable, is notified.

4. A laboratory director shall, in the manner prescribed by the Board, notify the health authority of the identification by his or her medical laboratory of the presence of any communicable disease in the jurisdiction of that health authority. The health authority shall not presume a diagnosis of a communicable disease on the basis of the notification received from the laboratory director.

5. If more than one medical laboratory is involved in testing a specimen, the laboratory that is responsible for reporting the results of the testing directly to the provider of health care for the patient shall also be responsible for reporting to the health authority.

(Added to NRS by [1989, 295](#); A [2017, 4401](#); [2019, 166](#), effective January 1, 2020)

**NRS 441A.160 Investigation: Powers of health authority to conduct investigation of communicable disease; order to require person to submit to examination; order of isolation, quarantine or treatment.**

1. A health authority who knows, suspects or is informed of the existence within the jurisdiction of the health authority of any communicable disease shall immediately investigate the matter and all circumstances connected with it, and shall take such measures for the prevention, suppression and control of the disease as are required by the regulations of the Board or a local board of health.

2. A health authority may:

(a) Enter private property at reasonable hours to investigate any case or suspected case of a communicable disease.

(b) Order any person whom the health authority reasonably suspects has a communicable disease in an infectious state to submit to any medical examination or test which the health authority believes is necessary to verify the presence of the disease. The order must be in writing and specify the name of the person to be examined and the time and place of the examination and testing, and may include such terms and conditions as the health authority believes are necessary to protect the public health.

(c) Except as otherwise provided in subsection 5 and [NRS 441A.210](#), issue an order requiring the isolation, quarantine or treatment of any person or group of persons if the health authority believes that such action is necessary to protect the public health. The order must be in writing and specify the person or group of persons to be isolated or quarantined, the time during which the order is effective, the place of isolation or quarantine and other terms and conditions which the health authority believes are necessary to protect the public health, except that no isolation or quarantine may take place if the health authority determines that such action may endanger the life of a person who is isolated or quarantined.

3. Each order issued pursuant to this section must be served upon each person named in the order by delivering a copy to him or her.

4. If a health authority issues an order to isolate or quarantine a person with a communicable or infectious disease in a medical facility, the health authority must isolate or quarantine the person in the manner set forth in [NRS 441A.510](#) to [441A.720](#), inclusive.

5. Except as otherwise provided in [NRS 441A.310](#) and [441A.380](#), a health authority may not issue an order requiring the involuntary treatment of a person without a court order requiring the person to submit to treatment.

(Added to NRS by [1989, 295](#); A [2003, 2206](#); [2011, 2507](#))

**NRS 441A.163 Investigation: Powers of health authority to conduct investigation of infectious disease or exposure to biological, radiological or chemical agent; reports; regulations.**

1. Except as otherwise required pursuant to [NRS 441A.160](#), a health authority may conduct an investigation of a case or suspected case of:

(a) An infectious disease within its jurisdiction; or

(b) Exposure to a biological, radiological or chemical agent within its jurisdiction, which significantly impairs the health, safety or welfare of the public within its jurisdiction.

2. Each health authority shall:

(a) Except as otherwise required pursuant to [NRS 441A.170](#), report each week to the Chief Medical Officer the number and types of cases or suspected cases of infectious diseases or cases or suspected cases of exposure to biological, radiological or chemical agents which significantly impair the health, safety or welfare of the public reported to the health authority, and any other information required by the regulations of the Board.

(b) Report the results of an investigation conducted pursuant to subsection 1 to the Chief Medical Officer within 30 days after concluding the investigation.

3. The Board may adopt regulations to carry out the provisions of [NRS 441A.163](#) to [441A.169](#), inclusive.

(Added to NRS by [2009, 554](#))

**NRS 441A.165 Investigation: Powers of health authority to access medical records, laboratory records and other information in possession of health care provider or medical facility; payment of certain costs related to investigation.**

1. A health authority which conducts an investigation pursuant to [NRS 441A.160](#) or [441A.163](#) shall, for the protection of the health, safety and welfare of the public, have access to all medical records, laboratory records and reports, books and papers relevant to the investigation which are in the possession of a provider of health care or medical facility being investigated or which are otherwise necessary to carry out the investigation. The determination of what information is necessary to carry out the investigation is at the discretion of the health authority.

2. If a health authority conducts an investigation pursuant to [NRS 441A.160](#) or [441A.163](#), the health authority may require a provider of health care or medical facility being investigated to pay a proportionate share of the actual cost of carrying out the investigation, including, without limitation, the cost of notifying and testing patients who may have contracted an infectious disease, been exposed to a biological, radiological or chemical agent or otherwise been harmed.

(Added to NRS by [2009, 555](#))

**NRS 441A.166 Investigation: Subpoena to compel production of medical records, laboratory records and other information; court order directing witness to appear for failure to produce.**

1. Upon petition by a health authority to the district court for the county in which an investigation is being conducted by the health authority pursuant to [NRS 441A.160](#) or [441A.163](#), the court may issue a subpoena to compel the production of medical records, laboratory records and reports, books and papers as set forth in [NRS 441A.165](#).

2. If a witness refuses to produce any medical records, laboratory records and reports, books or papers required by a subpoena issued by a court pursuant to subsection 1, the court shall enter an order directing the witness to appear before the court at a time and place to be fixed by the court in its order, the time to be not more than 10 days after the date of the order, and then and there show cause why the witness has not produced the medical records, laboratory records and reports, books or papers before the health authority. A certified copy of the order must be served upon the witness. The court may enter an order that the witness appear before the health authority at the time and place fixed in the order and produce the required medical records, laboratory records and reports, books or papers, and upon failure to obey the order, the witness must be dealt with as for contempt of court.

(Added to NRS by [2009, 555](#))

**NRS 441A.167 Investigation: Law enforcement agencies and political subdivisions authorized to share certain information and medical records with state and local health authorities; regulations.**

1. A public agency, law enforcement agency or political subdivision of this State which has information that is relevant to an investigation relating to an infectious disease or exposure to a biological, radiological or chemical agent which significantly impairs the health, safety and welfare of the public shall share the information and any medical records and reports with the appropriate state and local health authorities if it is in the best interest of the public and as necessary to further the investigation of the requesting health authority.

2. The Board shall adopt regulations to carry out this section, including, without limitation:

(a) Identifying the public agencies and political subdivisions with which the information set forth in subsection 1 may be shared;

(b) Prescribing the circumstances and procedures by which the information may be shared with those identified public agencies and political subdivisions; and

(c) Ensuring the confidentiality of the information if it is protected health information.

(Added to NRS by [2009, 556](#))

**NRS 441A.169 Investigation: Powers of health authority to issue cease and desist order to health care provider or medical facility; injunction.**

1. During the course of or as a result of an investigation concerning the case or suspected case of an infectious disease or the case or suspected case of exposure to a biological, radiological or chemical agent pursuant to [NRS 441A.160](#) or [441A.163](#), a health authority may, upon finding that a provider of health care or medical facility significantly contributed to a case of an infectious disease or to a case of exposure to a biological, radiological or chemical agent and that the public health imperatively requires:

(a) Issue a written order directing the provider of health care or medical facility to cease and desist any act or conduct which is harmful to the health, safety or welfare of the public; and

(b) Take any other action to reduce or eliminate the harm to the health, safety or welfare of the public.

2. A written order directing a provider of health care or medical facility to cease and desist issued pursuant to subsection 1 must contain a statement of the:

(a) Provision of law or regulation which the provider of health care or medical facility is violating; or

(b) Standard of care that the provider of health care or medical facility is violating which led to the case of the infectious disease or to the case of exposure to a biological, radiological or chemical agent.

3. An order to cease and desist must be served upon the person or an authorized representative of the facility directly or by certified or registered mail, return receipt requested. The order becomes effective upon service.

4. An order to cease and desist expires 30 days after the date of service unless the health authority institutes an action in a court of competent jurisdiction seeking an injunction.

5. Upon a showing by the health authority that a provider of health care or medical facility is committing or is about to commit an act which is harmful to the health, safety or welfare of the public, a court of competent jurisdiction may enjoin the provider of health care or medical facility from committing the act.

(Added to NRS by [2009, 556](#))

**NRS 441A.170 Weekly reports to Chief Medical Officer.** Each health authority shall report each week to the Chief Medical Officer the number and types of cases or suspected cases of communicable disease reported to the health authority, and any other information required by the regulations of the Board.

(Added to NRS by [1989, 299](#))

**NRS 441A.180 Contagious person to prevent exposure to others; warning by health authority; penalty.**

1. A person who has a communicable disease in an infectious state shall not conduct himself or herself in any manner likely to expose others to the disease or engage in any occupation in which it is likely that the disease will be transmitted to others.

2. A health authority who has reason to believe that a person is in violation of subsection 1 shall issue a warning to that person, in writing, informing the person of the behavior which constitutes the violation and of the precautions that the person must take to avoid exposing others to the disease. The warning must be served upon the person by delivering a copy to him or her.

3. A person who violates the provisions of subsection 1 after service upon him or her of a warning from a health authority is guilty of a misdemeanor.

(Added to NRS by [1989, 296](#))

**NRS 441A.190 Control of disease within schools, child care facilities, medical facilities and correctional facilities.**

1. Except as otherwise provided in this subsection, a health authority who knows of the presence of a communicable disease within a school, child care facility, medical facility or correctional facility shall notify the principal, director or other person in charge of the school, child care facility, medical facility or correctional facility of that fact and direct what action, if any, must be taken to prevent the spread of the disease. A health authority who knows of the presence of the human immunodeficiency virus within a school shall notify the superintendent of the school district of that fact and direct what action, if any, must be taken to prevent the spread of the virus.

2. Except as otherwise provided in this subsection, the principal, director or other person in charge of a school, child care facility, medical facility or correctional facility who knows of or suspects the presence of a communicable disease within the school, child care facility, medical facility or correctional facility, shall notify the health authority pursuant to the regulations of the Board. If a principal of a school knows of the presence of the human immunodeficiency virus within the school, the principal shall notify the superintendent of the school district of that fact. A superintendent of a school district who is notified of or knows of the presence of the human immunodeficiency virus within a school in the school district shall notify the health authority of that fact. The health authority shall investigate pursuant to this subsection to determine whether a communicable disease or the human immunodeficiency virus is present and direct what action, if any, must be taken to prevent the spread of the disease or virus.

3. A parent, guardian or person having custody of a child who has a communicable disease shall not knowingly permit the child to attend school or a child care facility if the Board, by regulation, has determined that the disease requires exclusion from school or a child care facility.

(Added to NRS by [1989, 296](#); A [1991, 1340](#))

**NRS 441A.195 Testing of person or decedent who may have exposed law enforcement officer, correctional officer, emergency medical attendant, firefighter, county coroner or medical examiner, person employed by or volunteering for agency of criminal justice or certain other public employees or volunteers to communicable disease.**

1. Except as otherwise provided in [NRS 259.047](#), a law enforcement officer, correctional officer, emergency medical attendant, firefighter, county coroner or medical examiner or any of their employees or volunteers, any other person who is employed by or is a volunteer for an agency of criminal justice or any other public employee or volunteer for a public agency who, in the course of his or her official duties, comes into contact with human blood or bodily fluids, or the employer of such a person or the public agency for which the person volunteers, may petition a court for an order requiring the testing of a person or decedent for exposure to a communicable disease if the person or decedent may have exposed the officer, emergency medical attendant, firefighter, county coroner or medical examiner or their employee or volunteer, other person employed by or volunteering for an agency of criminal justice or other public employee or volunteer for a public agency to a communicable disease.

2. When possible, before filing a petition pursuant to subsection 1, the person, employer or public agency for which the person volunteers, and who is petitioning shall submit information concerning the possible exposure to a communicable disease to the designated health care officer for the employer or public agency or, if there is no designated health care officer, the person designated by the employer or public agency to document and verify possible exposure to communicable diseases, for verification that there was substantial exposure. Each designated health care officer or person designated by an employer or public agency to document and verify possible exposure to communicable diseases shall establish guidelines based on current scientific information to determine substantial exposure.

3. A court shall promptly hear a petition filed pursuant to subsection 1 and determine whether there is probable cause to believe that a possible transfer of blood or other bodily fluids occurred between the person who filed the petition or on whose behalf the petition was filed and the person or decedent who possibly exposed him or her to a communicable disease. If the court determines that probable cause exists to believe that a possible transfer of blood or other bodily fluids occurred and, that a positive result from the test for the presence of a communicable disease would require the petitioner to seek medical intervention, the court shall:

(a) Order the person who possibly exposed the petitioner, or the person on whose behalf the petition was filed, to a communicable disease to submit two appropriate specimens to a local hospital or medical laboratory for testing for exposure to a communicable disease; or

(b) Order that two appropriate specimens be taken from the decedent who possibly exposed the petitioner, or the person on whose behalf the petition was filed, to a



communicable disease and be submitted to a local hospital or medical laboratory for testing for exposure to the communicable disease.  
E The local hospital or medical laboratory shall perform the test in accordance with generally accepted medical practices and shall disclose the results of the test in the manner set forth in [NRS 629.069](#).

4. If a judge or a justice of the peace enters an order pursuant to this section, the judge or justice of the peace may authorize the designated health care officer or the person designated by the employer or public agency to document and verify possible exposure to a communicable disease to sign the name of the judge or justice of the peace on a duplicate order. Such a duplicate order shall be deemed to be an order of the court. As soon as practicable after the duplicate order is signed, the duplicate order must be returned to the judge or justice of the peace who authorized the signing of it and must indicate on its face the judge or justice of the peace to whom it is to be returned. The judge or justice of the peace, upon receiving the returned order, shall endorse the order with his or her name and enter the date on which the order was returned. Any failure of the judge or justice of the peace to make such an endorsement and entry does not in and of itself invalidate the order.

5. Except as otherwise provided in [NRS 629.069](#), all records submitted to the court in connection with a petition filed pursuant to this section and any proceedings concerning the petition are confidential and the judge or justice of the peace shall order the records and any record of the proceedings to be sealed and to be opened for inspection only upon an order of the court for good cause shown.

6. A court may establish rules to allow a judge or justice of the peace to conduct a hearing or issue an order pursuant to this section by electronic or telephonic means.

7. The employer of a person or the public agency for which the person volunteers, who files a petition or on whose behalf a petition is filed pursuant to this section or the insurer of the employer or public agency, shall pay the cost of performing the test pursuant to subsection 3.

8. As used in this section:

(a) "Agency of criminal justice" has the meaning ascribed to it in [NRS 179A.030](#).

(b) "Emergency medical attendant" means a person licensed as an attendant or certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to [chapter 450B](#) of NRS.

(Added to NRS by [1999, 1122](#); A [2005, 328](#); [2007, 88](#); [2013, 595, 936](#); [2019, 4167](#))

**NRS 441A.200 Right to receive treatment from physician or clinic of choice; Board may prescribe method of treatment.** This chapter does not empower or authorize the health authority or any other person to interfere in any manner with the right of a person to receive approved treatment for a communicable disease from any physician, clinic or other person of his or her choice, but the Board has the power to prescribe the approved method of treatment to be used by the physician, clinic or other person.

(Added to NRS by [1989, 298](#))

**NRS 441A.210 Rights and duties of person who depends exclusively on prayer for healing.** A person who has a communicable disease and depends exclusively on prayer for healing in accordance with the tenets and precepts of any recognized religious sect, denomination or organization is not required to submit to any medical treatment required by the provisions of this chapter, but may be isolated or quarantined in the person's home or other place of the person's choice acceptable to the health authority, and shall comply with all applicable rules, regulations and orders issued by the health authority.

(Added to NRS by [1989, 298](#))

**NRS 441A.220 Confidentiality of information; permissible disclosure.** All information of a personal nature about any person provided by any other person reporting a case or suspected case of a communicable disease or drug overdose, or by any person who has a communicable disease or has suffered a drug overdose, or as determined by investigation of the health authority, is confidential medical information and must not be disclosed to any person under any circumstances, including pursuant to any subpoena, search warrant or discovery proceeding, except:

1. As otherwise provided in [NRS 439.538](#).

2. For statistical purposes, provided that the identity of the person is not discernible from the information disclosed.

3. In a prosecution for a violation of this chapter.

4. In a proceeding for an injunction brought pursuant to this chapter.

5. In reporting the actual or suspected abuse or neglect of a child or elderly person.

6. To any person who has a medical need to know the information for his or her own protection or for the well-being of a patient or dependent person, as determined by the health authority in accordance with regulations of the Board.

7. If the person who is the subject of the information consents in writing to the disclosure.

8. Pursuant to subsection 4 of [NRS 441A.320](#) or [NRS 629.069](#).

9. If the disclosure is made to the Department of Health and Human Services and the person about whom the disclosure is made has been diagnosed as having acquired immunodeficiency syndrome or an illness related to the human immunodeficiency virus and is a recipient of or an applicant for Medicaid.

10. To a firefighter, police officer or person providing emergency medical services if the Board has determined that the information relates to a communicable disease significantly related to that occupation. The information must be disclosed in the manner prescribed by the Board.

11. If the disclosure is authorized or required by [NRS 239.0115](#) or another specific statute.

(Added to NRS by [1989, 299](#); A [1989, 1476](#); [1997, 1254](#); [1999, 1123, 2238, 2245](#); [2005, 329](#); [2007, 1277, 1977, 2109](#); [2017, 4402](#))

**NRS 441A.230 Disclosure of personal information prohibited without consent.** Except as otherwise provided in this chapter and [NRS 439.538](#), a person shall not make public the name of, or other personal identifying information about, a person infected with a communicable disease who has been investigated by the health authority pursuant to this chapter without the consent of the person.

(Added to NRS by [1989, 300](#); A [2007, 1978](#))

## SEXUALLY TRANSMITTED DISEASES

**NRS 441A.240 Duties of health authority.**

1. The health authority shall control, prevent, treat and, whenever possible, ensure the cure of sexually transmitted diseases.

2. The health authority shall provide the materials and curriculum necessary to conduct the educational program provided for in [NRS 209.385](#) and establish a program for the certification of persons qualified to provide instruction for the program.

(Added to NRS by [1989, 296](#); A [1989, 1476](#); [2011, 2508](#))

**NRS 441A.250 Establishment and support of clinics and dispensaries.** The health authority may establish and provide financial or other support to such clinics and dispensaries as it believes are reasonably necessary for the prevention, control, treatment or cure of sexually transmitted diseases.

(Added to NRS by [1989, 296](#); A [2011, 2508](#))

**NRS 441A.260 Provision of medical supplies and financial aid for treatment of indigent patients.** If a person in this state who has a sexually transmitted disease is, in the discretion of the health authority, unable to afford approved treatment for the disease, the health authority may provide medical supplies or direct financial aid to any physician, clinic or dispensary in this state, within the limits of the available appropriations and any other resources, to be used in the person's treatment. A physician, clinic or dispensary that accepts supplies or aid pursuant to this section shall comply with all conditions prescribed by the Board relating to the use of the supplies or aid.

(Added to NRS by [1989, 296](#); A [2011, 2508](#))

**NRS 441A.270 Instruction of patients on prevention and treatment of disease.** A physician, clinic or dispensary providing treatment to a person who has a sexually transmitted disease shall instruct the person in the methods of preventing the spread of the disease and in the necessity of systematic and prolonged treatment.

(Added to NRS by [1989, 296](#))

**NRS 441A.280 Procedure to ensure that infected person receives adequate treatment.** A physician who, or clinic or dispensary which, determines that a person has a sexually transmitted disease shall encourage and, if necessary, attempt to persuade the person to submit to medical treatment. Except as otherwise provided in [NRS 441A.210](#), if the person does not submit to treatment, or does not complete the prescribed course of treatment, the physician, clinic or dispensary shall notify the health authority who shall take action to ensure that the person receives adequate treatment for the disease.

(Added to NRS by [1989, 297](#))

**NRS 441A.290 Infected person to report source of infection.** A person who has a sexually transmitted disease shall, upon request, inform the health authority of the source or possible source of the infection.

(Added to NRS by [1989, 297](#))

**NRS 441A.300 Confinement of person whose conduct may spread acquired immunodeficiency syndrome.** A person who is diagnosed as having acquired immunodeficiency syndrome who fails to comply with a written order of a health authority, or who engages in behavior through which the disease may be spread to others, is, in addition to any other penalty imposed pursuant to this chapter, subject to confinement by order of a court of competent jurisdiction.

(Added to NRS by [1989, 297](#))

**NRS 441A.310 Examination and treatment of minor without consent.** Except as otherwise provided in [NRS 441A.210](#), when any minor is suspected of having or is found to have a sexually transmitted disease, the health authority may require the minor to undergo examination and treatment, regardless of whether the minor or either of the minor's parents consents to the examination and treatment.

(Added to NRS by [1989, 297](#))

**NRS 441A.320 Testing of person alleged to have committed sexual offense; disclosure of results of test; assistance to victim; payment of expenses; regulations.**

1. If the alleged victim or a witness to a crime alleges that the crime involved the sexual penetration of the victim's body, the health authority shall perform the tests set forth in subsection 2 as soon as practicable after the arrest of the person alleged to have committed the crime, but not later than 72 hours after the person is charged with the crime by

indictment or information, unless the person alleged to have committed the crime is a child who will be adjudicated in juvenile court and then not later than 72 hours after the petition is filed with the juvenile court alleging that the child is delinquent for committing such an act.

2. If the health authority is required to perform tests pursuant to subsection 1, it must test a specimen obtained from the arrested person for exposure to the human immunodeficiency virus and any commonly contracted sexually transmitted disease, regardless of whether the person or, if the person is a child, the parent or guardian of the child consents to providing the specimen. The agency that has custody of the arrested person shall obtain the specimen and submit it to the health authority for testing. The health authority shall perform the test in accordance with generally accepted medical practices.

3. In addition to the test performed pursuant to subsection 2, the health authority shall perform such follow-up tests for the human immunodeficiency virus as may be deemed medically appropriate.

4. As soon as practicable, the health authority shall disclose the results of all tests performed pursuant to subsection 2 or 3 to:

- (a) The victim or to the victim's parent or guardian if the victim is a child; and
- (b) The arrested person and, if the person is a child, to the parent or guardian of the child.

5. If the health authority determines, from the results of a test performed pursuant to subsection 2 or 3, that a victim of sexual assault may have been exposed to the human immunodeficiency virus or any commonly contracted sexually transmitted disease, it shall, at the request of the victim, provide him or her with:

(a) An examination for exposure to the human immunodeficiency virus and any commonly contracted sexually transmitted disease to which the health authority determines the victim may have been exposed;

(b) Counseling regarding the human immunodeficiency virus and any commonly contracted sexually transmitted disease to which the health authority determines the victim may have been exposed; and

(c) A referral for health care and other assistance, as appropriate.

6. If the court in:

(a) A criminal proceeding determines that a person has committed a crime; or

(b) A proceeding conducted pursuant to title 5 of NRS determines that a child has committed an act which, if committed by an adult, would have constituted a crime, involving the sexual penetration of a victim's body, the court shall, upon application by the health authority, order that child or other person to pay any expenses incurred in carrying out this section with regard to that child or other person and that victim.

7. The Board shall adopt regulations identifying, for the purposes of this section, sexually transmitted diseases which are commonly contracted.

8. As used in this section:

(a) "Sexual assault" means a violation of [NRS 200.366](#).

(b) "Sexual penetration" has the meaning ascribed to it in [NRS 200.364](#).

(Added to NRS by [1989, 297](#); A [1993, 1208](#); [2003, 1150](#); [2007, 1278](#); [2019, 1915](#))

**NRS 441A.330 Provision of outpatient care to persons with acquired immune deficiency syndrome or human immunodeficiency virus related disease.** The health authority may establish such dispensaries, pharmacies or clinics for outpatient care as it believes are necessary for the care and treatment of persons who have acquired immune deficiency syndrome or a human immunodeficiency virus related disease, and provide those institutions with financial or other assistance. Dispensaries, pharmacies or clinics which accept financial or other assistance pursuant to this section shall comply with all conditions prescribed by the Board relating to the use of that assistance.

(Added to NRS by [1989, 297](#); A [2011, 2508](#))

## SERVICES CONCERNING HUMAN IMMUNODEFICIENCY VIRUS

**NRS 441A.334 "Provider of health care" defined.** As used in this section and [NRS 441A.335](#) and [441A.336](#), "provider of health care" means a physician, nurse or physician assistant licensed in accordance with state law.

(Added to NRS by [2007, 2174](#))

**NRS 441A.335 Declaration of legislative intent.** It is the intent of the Legislature that:

1. The State Board of Health, the Department of Health and Human Services, and all district, county and city health departments, boards of health and health officers, medical facilities and providers of health care work together in a collaborative manner to ensure that testing for the human immunodeficiency virus and related counseling services are offered in a culturally and linguistically appropriate manner.

2. Information pertaining to testing for the human immunodeficiency virus be reported and maintained in accordance with existing state and federal privacy laws.

3. Information pertaining to cases of the human immunodeficiency virus not be used for any purpose other than public health practices, including, without limitation, surveillance and epidemiology.

(Added to NRS by [2007, 2174](#))

**NRS 441A.336 Counseling to be provided to person testing positive for human immunodeficiency virus; topics to be addressed in counseling; referrals to be provided to person testing positive for human immunodeficiency virus; regulations.**

1. Counties, providers of health care and medical facilities that provide testing for the human immunodeficiency virus shall provide, or ensure the provision of, to each person who tests positive for the human immunodeficiency virus, a counseling session that is appropriate and acceptable under current medical and public health practices, as recommended by the Board.

2. Counseling required pursuant to this section must address, without limitation:

(a) The meaning of the positive result of the test;

(b) Any follow-up testing for the person, including, without limitation, an additional test to confirm the results of a rapid test to be performed with a more accurate test or a different rapid test that is approved by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services for the purpose of confirming the positive result of a rapid test;

(c) Methods for preventing the transmission of the human immunodeficiency virus;

(d) Medical treatment available for the person;

(e) The confidentiality of the result of the test; and

(f) Recommended testing for the human immunodeficiency virus for sexual partners of the person.

3. Counties, providers of health care and medical facilities that provide testing for the human immunodeficiency virus shall offer to each person who tests positive for the human immunodeficiency virus:

(a) Appropriate referrals for future services, including, without limitation, medical care, mental health care and services for persons with addictive disorders; or

(b) If unable to provide referrals pursuant to paragraph (a), referral to the local health authority for a subsequent referral to providers within the community for future services, including, without limitation, medical care, mental health care and services for persons with addictive disorders.

4. The Director of the Department of Health and Human Services may adopt regulations to carry out the provisions of this section.

5. As used in this section, "rapid test" means a test that:

(a) Is used to detect the presence of antibodies to the human immunodeficiency virus; and

(b) Provides a result in 30 minutes or less.

(Added to NRS by [2007, 2175](#); A [2015, 847](#))

## TUBERCULOSIS

**NRS 441A.340 Duties of health authority.** The health authority shall control, prevent the spread of, and ensure the treatment and cure of tuberculosis.

(Added to NRS by [1989, 297](#); A [2011, 2508](#))

**NRS 441A.350 Establishment and support of clinics.** The health authority may establish such clinics as it believes are necessary for the prevention and control of, and for the treatment and cure of, persons who have tuberculosis and provide those clinics with financial or other assistance within the limits of the available appropriations and any other resources.

(Added to NRS by [1989, 297](#); A [2011, 2508](#))

**NRS 441A.360 Provision of medical supplies and financial aid for treatment of indigent patients.** If a person in this state who has tuberculosis is, in the discretion of the health authority, unable to afford approved treatment for the disease, the health authority may provide medical supplies or direct financial aid, within the limits of the available appropriations and any other resources, to be used in the person's treatment, to any physician, clinic, dispensary or medical facility. A physician, clinic, dispensary or medical facility that accepts supplies or aid pursuant to this section shall comply with all conditions prescribed by the board relating to the use of the supplies or aid.

(Added to NRS by [1989, 298](#); A [2011, 2508](#))

**NRS 441A.370 Contracts with hospitals, clinics and other institutions for examination and care of patients.**

1. The health authority shall, by contract with hospitals, clinics or other institutions in the State, provide for:

(a) The diagnostic examination, including, without limitation, laboratory testing of persons who have tuberculosis; and

(b) Inpatient and outpatient care for persons who have tuberculosis.

2. If adequate facilities for examination and care are not available in the State, the health authority may contract with hospitals, clinics or other institutions in other states which do have adequate facilities.

(Added to NRS by [1989, 298](#); A [2011, 2509](#))

**NRS 441A.380 Treatment of patient for condition related to or as necessary for control of tuberculosis.** Except as otherwise provided in [NRS 441A.210](#), a person who has tuberculosis and is confined to a hospital or other institution pursuant to the provisions of this chapter must be treated for tuberculosis and any related condition, and may be



treated for any other condition which the health authority determines is detrimental to his or her health and the treatment of which is necessary for the effective control of tuberculosis.

(Added to NRS by [1989, 298](#); A [2011, 2509](#))

**NRS 441A.390 Contracts with private physicians to provide outpatient care in rural areas.** The health authority may contract with any private physician to provide outpatient care in those rural areas of the State where, in its determination, patients can best be treated in that manner.

(Added to NRS by [1989, 298](#); A [2011, 2509](#))

**NRS 441A.400 Inspection of records of facility where patients are treated.** The health authority may inspect and must be given access to all records of every institution and clinic, both public and private, where patients who have tuberculosis are treated at public expense.

(Added to NRS by [1989, 298](#); A [2011, 2509](#))

## MISCELLANEOUS DISEASES

**NRS 441A.410 Regulations governing control of rabies.** The Board shall adopt regulations governing the control of rabies. The regulations must provide for:

1. The periodic inoculation of animals with approved vaccines.
2. The impoundment of animals suspected of having rabies and the disposition of those animals upon verification of the presence of the disease.
3. Procedures for the treatment of persons who have been, or are suspected of having been, exposed to rabies.

(Added to NRS by [1989, 298](#))

## ISOLATION AND QUARANTINE OF PERSON OR GROUP OF PERSONS

### General Provisions

**NRS 441A.510 Manner of isolating, quarantining or treating by health authority; duty to inform person of rights; regulations.**

1. If a health authority isolates, quarantines or treats a person or group of persons infected with, exposed to, or reasonably believed by a health authority to have been infected with or exposed to a communicable disease, the authority must isolate, quarantine or treat the person or group of persons in the manner set forth in [NRS 441A.510](#) to [441A.720](#), inclusive.

2. A health authority shall provide each person whom it isolates or quarantines pursuant to [NRS 441A.510](#) to [441A.720](#), inclusive, with a document informing the person of his or her rights. The Board shall adopt regulations:

- (a) Setting forth the rights of a person who is isolated or quarantined that must be included in the document provided pursuant to this subsection; and
- (b) Specifying the time and manner in which the document must be provided pursuant to this subsection.

(Added to NRS by [2003, 2196](#); A [2011, 2509](#))

**NRS 441A.520 Right of person isolated or quarantined to make and receive telephone calls and to possess cellular phone; duty to notify spouse or legal guardian under certain circumstances.**

1. A person who is isolated or quarantined pursuant to [NRS 441A.510](#) to [441A.720](#), inclusive, has the right:

(a) To make a reasonable number of completed telephone calls from the place where the person is isolated or quarantined as soon as reasonably possible after his or her isolation or quarantine; and

(b) To possess and use a cellular phone or any other similar means of communication to make and receive calls in the place where the person is isolated or quarantined.

2. If a person who is isolated or quarantined pursuant to [NRS 441A.510](#) to [441A.720](#), inclusive, is unconscious or otherwise unable to communicate because of mental or physical incapacity, the health authority that isolated or quarantined the person must notify the spouse or legal guardian of the person by telephone and certified mail. If a person described in this subsection is isolated or quarantined in a medical facility and the health authority did not provide the notice required by this subsection, the medical facility must provide the notice. If the case of a person described in this subsection is before a court and the health authority, and medical facility, if any, did not provide the notice required by this subsection, the court must provide the notice.

(Added to NRS by [2003, 2197](#); A [2011, 2509](#))

**NRS 441A.530 Right to refuse treatment and not submit to involuntary treatment; exception.** A person who is isolated or quarantined pursuant to [NRS 441A.510](#) to [441A.720](#), inclusive, has the right to refuse treatment and may not be required to submit to involuntary treatment unless a court issues an order requiring the person to submit to treatment.

(Added to NRS by [2003, 2197](#); A [2011, 2510](#))

### Emergency Isolation or Quarantine

**NRS 441A.540 Restrictions on change of status from voluntary isolation or quarantine to emergency isolation or quarantine; rights of person whose status is changed.**

1. If a person infected with or exposed to a communicable disease is voluntarily isolated or quarantined in a public or private medical facility, the facility shall not change the status of the person to an emergency isolation or quarantine unless, before the change in status is made:

(a) The facility provides:

(1) An application to a health authority for an emergency isolation or quarantine pursuant to [NRS 441A.560](#); and

(2) The certificate of a health authority, physician, physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS or registered nurse to a health authority pursuant to [NRS 441A.570](#); or

(b) The facility receives an order for isolation or quarantine issued by a health authority.

2. A person whose status is changed to an emergency isolation or quarantine pursuant to subsection 1:

(a) Must not be detained in excess of 48 hours after the change in status is made, unless within that period a written petition is filed by a health authority with the clerk of the district court pursuant to [NRS 441A.600](#); and

(b) May, immediately after the person's status is changed, seek an injunction or other appropriate process in district court challenging his or her detention.

3. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the written petition must be filed on or before the close of the business day next following the expiration of that period.

4. Nothing in this section limits the actions that a public or private medical facility may take to prevent or limit the transmission of communicable diseases within the medical facility, including, without limitation, practices for the control of infections.

(Added to NRS by [2003, 2197](#); A [2007, 1856](#))

**NRS 441A.550 Detention for testing, examination, observation and consensual medical treatment; limitation on time; rights of person detained; extension of time.**

1. Any person or group of persons alleged to have been infected with or exposed to a communicable disease may be detained in a public or private medical facility, a residence or other safe location under emergency isolation or quarantine for testing, examination, observation and the provision of or arrangement for the provision of consensual medical treatment in the manner set forth in [NRS 441A.510](#) to [441A.720](#), inclusive, and subject to the provisions of subsection 2:

(a) Upon application to a health authority pursuant to [NRS 441A.560](#);

(b) Upon order of a health authority; or

(c) Upon voluntary consent of the person, parent of a minor person or legal guardian of the person.

2. Except as otherwise provided in subsection 3, 4 or 5, a person voluntarily or involuntarily isolated or quarantined under subsection 1 must be released within 72 hours, including weekends and holidays, from the time of the admission of the person to a medical facility or isolation or quarantine in a residence or other safe location, unless within that period:

(a) The additional voluntary consent of the person, the parent of a minor person or a legal guardian of the person is obtained;

(b) A written petition for an involuntary court-ordered isolation or quarantine is filed with the clerk of the district court pursuant to [NRS 441A.600](#), including, without limitation, the documents required pursuant to [NRS 441A.610](#); or

(c) The status of the person is changed to a voluntary isolation or quarantine.

3. A person who is involuntarily isolated or quarantined under subsection 1 may, immediately after the person is isolated or quarantined, seek an injunction or other appropriate process in district court challenging his or her detention.

4. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the written petition must be filed on or before the close of the business day next following the expiration of that period.

5. During a state of emergency or declaration of disaster regarding public health proclaimed by the Governor or the Legislature pursuant to [NRS 414.070](#), a health authority may, before the expiration of the period of 72 hours set forth in subsection 2, petition, with affidavits supporting its request, a district court for an order finding that a reasonably foreseeable immediate threat to the health of the public requires the 72-hour period of time to be extended for no longer than the court deems necessary for available governmental resources to investigate, file and prosecute the relevant written petitions for involuntary court-ordered isolation or quarantine pursuant to [NRS 441A.510](#) to [441A.720](#), inclusive.

(Added to NRS by [2003, 2198](#); A [2011, 2510](#))

**NRS 441A.560 Procedure for isolation or quarantine.**

1. An application to a health authority for an order of emergency isolation or quarantine of a person or a group of persons alleged to have been infected with or exposed to a communicable disease may only be made by another health authority, a physician, a physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS, a registered nurse or a medical facility by submitting the certificate required by [NRS 441A.570](#). Within its jurisdiction, upon application or on its own, subject to the provisions of [NRS 441A.510](#) to [441A.720](#), inclusive, a health authority may:



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**NRS 441A.630 Examination or assessment of person alleged to be infected with or exposed to communicable disease; protective custody pending hearing; written summary of findings and evaluation concerning person alleged to be infected with or exposed to communicable disease.**

1. After the filing of a petition to commence proceedings for the involuntary court-ordered isolation or quarantine of a person pursuant to [NRS 441A.600](#) or [441A.610](#), the court shall promptly cause two or more physicians or physician assistants licensed pursuant to [chapter 630](#) or [633](#) of NRS, at least one of whom must always be a physician, to either examine the person alleged to have been infected with or exposed to a communicable disease or assess the likelihood that the person alleged to have been infected with or exposed to a communicable disease has been so infected or exposed.

2. To conduct the examination or assessment of a person who is not being detained at a public or private medical facility, residence or other safe location under emergency isolation or quarantine pursuant to the emergency order of a health authority or court made pursuant to [NRS 441A.550](#) or [441A.560](#), the court may order a peace officer to take the person into protective custody and transport the person to a public or private medical facility, residence or other safe location where the person may be detained until a hearing is held upon the petition.

3. If the person is being detained at his or her home or other place of residence under an emergency order of a health authority or court pursuant to [NRS 441A.550](#) or [441A.560](#), the person may be allowed to remain in his or her home or other place of residence pending an ordered assessment, examination or examinations and to return to his or her home or other place of residence upon completion of the assessment, examination or examinations if such remaining or returning would not constitute an immediate threat to others residing in his or her home or place of residence.

4. Each physician and physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS who examines or assesses a person pursuant to subsection 1 shall, not later than 24 hours before the hearing set pursuant to [NRS 441A.620](#), submit to the court in writing a summary of his or her findings and evaluation regarding the person alleged to have been infected with or exposed to a communicable disease.

(Added to NRS by [2003, 2202](#); A [2007, 1860](#))

**NRS 441A.640 Evaluation teams: Establishment; composition; fees.**

1. The health authority shall establish such evaluation teams as are necessary to aid the courts under [NRS 441A.630](#) and [441A.700](#).

2. Each team must be composed of at least two physicians, or at least one physician and one physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS.

3. Fees for the evaluations must be established and collected as set forth in [NRS 441A.650](#).

(Added to NRS by [2003, 2203](#); A [2007, 1861](#); [2011, 2512](#))

**NRS 441A.650 Proceedings held in county where persons to conduct examination are available; expense of proceedings paid by county.**

1. In counties where the examining personnel required pursuant to [NRS 441A.630](#) are not available, proceedings for involuntary court-ordered isolation or quarantine shall be conducted in the nearest county having such examining personnel available in order that there be minimum delay.

2. The entire expense of proceedings for involuntary court-ordered isolation or quarantine shall be paid by the county in which the application is filed.

(Added to NRS by [2003, 2203](#))

**NRS 441A.660 Right to counsel; compensation of counsel; recess; duties of district attorney.**

1. The person alleged to have been infected with or exposed to a communicable disease, or any relative or friend on behalf of the person, is entitled to retain counsel to represent the person in any proceeding before the district court relating to involuntary court-ordered isolation or quarantine, and if the person fails or refuses to obtain counsel, the court shall advise the person and his or her guardian or next of kin, if known, of the right to counsel and shall appoint counsel, who may be the public defender or his or her deputy.

2. Any counsel appointed pursuant to subsection 1 must be awarded compensation by the court for his or her services in an amount determined by the court to be fair and reasonable. Except as otherwise provided in this subsection, the compensation must be charged against the estate of the person for whom the counsel was appointed or, if the person is indigent, against the county in which the application for involuntary court-ordered isolation or quarantine was filed. In any proceeding before the district court relating to involuntary court-ordered isolation or quarantine, if the person for whom counsel was appointed is challenging his or her isolation or quarantine or any condition of such isolation or quarantine and the person succeeds in his or her challenge, the compensation must be charged against the county in which the application for involuntary court-ordered isolation or quarantine was filed.

3. The court shall, at the request of counsel representing the person alleged to have been infected with or exposed to a communicable disease in proceedings before the court relating to involuntary court-ordered isolation or quarantine, grant a recess in the proceedings for the shortest time possible, but for not more than 5 days, to give the counsel an opportunity to prepare his or her case.

4. Each district attorney or his or her deputy shall appear and represent the State in all involuntary court-ordered isolation or quarantine proceedings in his or her county. The district attorney is responsible for the presentation of evidence, if any, in support of the involuntary court-ordered isolation or quarantine of a person to a medical facility, residence or other safe location in proceedings held pursuant to [NRS 441A.600](#) or [441A.610](#).

(Added to NRS by [2003, 2203](#))

**NRS 441A.670 Testimony.** In proceedings for involuntary court-ordered isolation or quarantine, the court shall hear and consider all relevant testimony, including, but not limited to, the testimony of examining personnel who participated in the evaluation of the person alleged to have been infected with or exposed to a communicable disease and the certificates, if any, of a health authority or a physician, physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS or registered nurse accompanying the petition.

(Added to NRS by [2003, 2203](#); A [2007, 1861](#))

**NRS 441A.680 Right of person alleged to be infected with or exposed to communicable disease to be present by telephonic conferencing or videoconferencing and to testify.**

1. In proceedings for an involuntary court-ordered isolation or quarantine, the person with respect to whom the proceedings are held has the right:

(a) To be present by live telephonic conferencing or videoconferencing; and

(b) To testify in his or her own behalf, to the extent that the court determines that the person is able to do so without endangering the health of others.

2. A person who is alleged to have been infected with or exposed to a communicable disease does not have the right to be physically present during the proceedings if such person, if present in the courtroom, would likely pose an immediate threat to the health of the judge or the staff or officers of the court.

(Added to NRS by [2003, 2204](#))

**NRS 441A.690 Fees and mileage for witnesses.** Witnesses subpoenaed under the provisions of [NRS 441A.510](#) to [441A.720](#), inclusive, shall be paid the same fees and mileage as are paid to witnesses in the courts of the State of Nevada.

(Added to NRS by [2003, 2204](#); A [2011, 2512](#))

**NRS 441A.700 Findings and order; expiration and renewal of isolation or quarantine; alternative courses of treatment.**

1. If the district court finds, after proceedings for the involuntary court-ordered isolation or quarantine of a person to a public or private medical facility, residence or other safe location:

(a) That there is not clear and convincing evidence that the person with respect to whom the hearing was held has been infected with or exposed to a communicable disease or is likely to be an immediate threat to the health of the public, the court shall enter its finding to that effect and the person must not be involuntarily detained in such a facility, residence or other safe location.

(b) That there is clear and convincing evidence that the person with respect to whom the hearing was held has been infected with or exposed to a communicable disease and, because of that disease, is likely to be an immediate threat to the health of the public, the court may order the involuntary isolation or quarantine of the person and may order the most appropriate course of treatment after considering the rights of the person and the desires of the person concerning treatment and vaccination, including, without limitation, the tenets of the person's religion and the tenets of any group or organization of which the person is a member, the rights set forth in [NRS 441A.210](#), the rights set forth in [NRS 441A.520](#), the right to counsel set forth in [NRS 441A.660](#), and the right of a person to challenge his or her isolation or quarantine or any condition of such isolation or quarantine. The order of the court must be interlocutory and must not become final if, within 14 days after the court orders the involuntary isolation or quarantine, the person is unconditionally released by a health authority from the medical facility, residence or other safe location.

2. An involuntary isolation or quarantine pursuant to paragraph (b) of subsection 1 automatically expires at the end of 30 days if not terminated previously by a health authority. At the end of the court-ordered period of isolation or quarantine, the health authority may petition to renew the detention of the person for additional periods which each must not exceed the shorter of 120 days or either, if the person is isolated, the period of time which the health authority expects the person will be infectious with the communicable disease or, if the person is quarantined, the period of time which the health authority determines is necessary to determine whether the person has been infected with the communicable disease. For each renewal, the petition must set forth to the court specific reasons why further isolation or quarantine is appropriate and that the person likely poses an ongoing immediate threat to the health of the public. If the court finds in considering a petition for renewal that the person is noncompliant with a court-ordered measure to control or resolve the risk of transmitting the communicable disease, it may order the continued isolation and treatment of the person for any period of time the court deems necessary to resolve the immediate and ongoing risk of the person transmitting the disease.

3. Before issuing an order for involuntary isolation or quarantine or a renewal thereof, the court shall explore other alternative courses of isolation, quarantine and treatment within the least restrictive appropriate environment as suggested by the evaluation team who evaluated the person, or other persons professionally qualified in the field of communicable diseases, which the court believes may be in the best interests of the person.

(Added to NRS by [2003, 2204](#))

**NRS 441A.710 Clinical abstract to accompany order.** The order for involuntary court isolation or quarantine of any person to a medical facility, public or private, must be accompanied by a clinical abstract, including a history of illness, diagnosis and treatment, and the names of relatives or correspondents.

(Added to NRS by [2003, 2205](#))

**NRS 441A.720 Transportation to public or private medical facility, residence or other safe location.** When any involuntary court isolation or quarantine is ordered under the provisions of [NRS 441A.510](#) to [441A.720](#), inclusive, the involuntarily isolated or quarantined person, together with the court orders, any certificates of the health authorities, physicians, physician assistants licensed pursuant to [chapter 630](#) or [633](#) of NRS or registered nurses, the written summary of the evaluation team and a full and complete transcript of the notes of the official reporter made at the examination of such person before the court, must be delivered to the sheriff of the appropriate county who must be ordered to:

1. Transport the person; or

1. Transport the person, or
  2. Arrange for the person to be transported by:
    - (a) A system for the nonemergency medical transportation of persons whose operation is authorized by the Nevada Transportation Authority; or
    - (b) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of [chapter 450B](#) of NRS,
- to the appropriate public or private medical facility, residence or other safe location.  
(Added to NRS by [2003, 2205](#); A [2007, 1861](#); [2011, 2512](#))

## ENFORCEMENT

### **NRS 441A.900 Injunction: Grounds; responsibility for prosecution; authority of court.**

1. A person who refuses to:
  - (a) Comply with any regulation of the Board relating to the control of a communicable disease;
  - (b) Comply with any provision of this chapter;
  - (c) Submit to approved treatment or examination required or authorized by this chapter;
  - (d) Provide any information required by this chapter; or
  - (e) Perform any duty imposed by this chapter,

may be enjoined by a court of competent jurisdiction.

2. An action for an injunction pursuant to this section must be prosecuted by the Attorney General, any district attorney or any private legal counsel retained by a local board of health in the name of and upon the complaint of the health authority.

3. The court in which an injunction is sought may make any order reasonably necessary to carry out the purpose or intent of any provision of this chapter or to compel compliance with any regulation of the Board or order of the health authority relating to the control of a communicable disease.

(Added to NRS by [1989, 299](#))

### **NRS 441A.910 Criminal penalty for violation of chapter.** Except as otherwise provided, every person who violates any provision of this chapter is guilty of a misdemeanor.

(Added to NRS by [1989, 300](#))

### **NRS 441A.920 Criminal penalty and administrative fine for failure to comply with regulations or requirements of chapter.** Every provider of health care, medical facility or medical laboratory that willfully fails, neglects or refuses to comply with any regulation of the Board relating to the reporting of a communicable disease or drug overdose or any requirement of this chapter is guilty of a misdemeanor and, in addition, may be subject to an administrative fine of \$1,000 for each violation, as determined by the Board.

(Added to NRS by [1989, 300](#); A [2017, 4402](#))

### **NRS 441A.930 District attorney to prosecute violators.** The district attorney of the county in which any violation of this chapter occurs shall prosecute the person responsible for the violation.

(Added to NRS by [1989, 300](#))